



TRAINING AND CONDITIONING AGREEMENT

Congratulations on your decision to work with Great Plains Maximum Performance. Through the use of our Certified Strength and Conditioning Specialists and Sports Performance Coaches you greatly improve your ability to accomplish your training goals faster, safer, and with maximum benefits. The content of these training sessions can be used for a lifetime.

In order to maximize progress, it will be necessary for you to follow program guidelines during training days. It is also necessary for you to eat 100 to 200 calories of carbohydrates about one hour before your scheduled workout times so you have the energy to complete your workout. And remember – exercise and healthy eating ARE EQUALLY important!

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume the responsibility for these risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

A physician's examination is recommended for all participants with any exercise restrictions and for those persons over forty (40) years of age. Training and conditioning participants in this category without a physician's examination acknowledge they have been informed of its importance and accept full responsibility for their health and well-being. You also understand that the leaders of the program assume no responsibility. _____ (Please initial) Junior High/High School students are required to have a school physical within the past year. I attest this physical has occurred within **a year of this date.** _____ (Please initial)

I give permission for my name and performance score to be listed, if appropriate, on the Record Board/Maximum Grip List.

CANCELLATION POLICY: You must cancel an appointment 24 hours in advance to avoid forfeiting that training session. _____ (Please initial)

NO SHOW POLICY: All appointments, beginning with the second appointment in which the client does not show, in which the client does not show for a scheduled appointment will result in forfeiture of that training session. _____ (Please initial)

Participant's Name (please print clearly)

Date

Participant's Signature (Parent or guardian if participant is under 18 years of age.)

Selected Training Package: _____ **Fee:** _____

This agreement will expire on the Friday of the 10th week after the evaluation date.